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AUTHOR Cavenar, Mary G.
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ABSTRACT

Perceptions of students, faculty members, and associate degree nursing (ADN) program directors/coordinators concerning seven issues affecting ADN programs were obtained in 1982. The issues, which were identified through a review of the literature, were: entry into practice, professional and technical nurses, developing competency statements, expectations by hospital administrators, transfer/articulation, preceptor/student ratio, and clinical sites. Respondents rank-ordered the seven issues and discussed them, using an open-ended interview schedule (Polit and Hungler, 1978), which is appended. The sample consisted of 3 North Carolina, two-year college program directors/coordinators, 3 faculty members, and 11 students. For each issue area, perceptions of the three types of respondents are considered. Overall, it was suggested that standardized competencies could be useful to the employing agencies as well as to bachelor of science degree programs in nursing for use as evidence for granting credit. In addition, it was proposed that hospital administrators give recognition to the different educational backgrounds of new nursing graduates (e.g., internships, staff development courses on leadership and teaching). The literature review is included. (SW)

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# Current Issues Related to Associate Degree Nursing: Their Impact on Directors, Faculty, and Students

Mary G. Cavenar

One of the most actively debated issues in nursing today is that of appropriate education for the beginning nurse. Mildred Montag first suggested technical or "bedside" nursing in her 1951 doctoral dissertation (Kinsinger, 1980). She based her suggestions for such a program on two nursing studies: the 1923 Goldmark Report and Ester Brown's 1948 Nursing for the Future. The program, to be taught at two-year colleges, was geared toward the student who wants to qualify for a registered nurse staff position with two years of formal education which can be applied toward a baccalaureate degree in nursing (BSN) as some future time. Such a program was and is called an associate degree in nursing (ADN) program. It is practical for married women whose family responsibilities require living at home, men, and older students, as well as those younger students who need the financial advantages of attending a local two-year college (National League for Nursing, 1980; Waters, 1978).

Montag's plan was given a national trial in eight pilot ADN programs, coordinated and evaluated under the title of Cooperative Research Project in Junior and Community College Education for Nurses, conducted from 1942 to 1958. By 1980 there were 707 ADN programs nationwide with 36,509 graduates, compared to 25,411 baccalaureate and 14,495 diploma school graduates (National League for Nursing, 1981).

The purpose of this paper is to review the literature on this area to ascertain what appear to be the salient issues revolving around ADN programs. This literature review serves as background material for an exploratory

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survey of ADN program director/coordinators and volunteers from faculty and students groups conducted Summer, 1982. Representatives of these groups were requested to rank order and discuss the most prominent issues identified in the literature as affecting ADN programs on a national level. The implication of the literature review and interviews from the ADN programs will then be presented.

## Review of the Literature

A review of the literature focusing on ADN nursing programs indicates that there are seven major issues facing these programs.

### Entry into practice

Recent nursing literature regarding proposed entry into practice appears to be the most prevalent of the seven issues. For years, registered nurses have had three possible backgrounds of nursing education: four year baccalaureate, three year diploma, and two year associate degree programs, all culminating in licensure as registered nurse (RN). Such variation in nursing education backgrounds prompted the 1965 Resolution by the American Nurses Association (ANA), which, in affect, means that BSN graduates would be categorized as professional, and ADN graduates as technical. At least one state board of nursing, that of New York, has carried the ANA proposal further by proposing that ADN programs be changed to licensed practical nurse (LPN) programs by 1985 (Koch, 1980). Thus, there is concern that ADN programs will lose their current status if the ANA Resolution were enacted (Kinsinger, 1980).

Channing (1979), describing the confusion regarding entry into practice for RNs with various educational backgrounds, observed that administrators

of nursing services and nursing educators expect two different levels of competencies for the ADN graduate. Nursing educators in ADN programs prepare their students to be technical nurses, concentrating on performing bedside care, not leadership or teaching skills. Nursing administrators expect all RNs to have been prepared to function as leaders and teachers as well as care-givers, even though ADN programs do not suggest that their graduates have received such training. Because of the disagreement on the competencies of ADN program graduates, nursing administrators report spending inordinate funds on orienting ADN graduates, while nursing educators state that hospitals have inadequate planning for orienting nurses from the ADN, BSN, and diploma programs.

Channing further stated that the 1965 position paper for collegiate BSN entry level has resulted in confusion in the ADN programs. Some ADN programs maintained four semesters, an academic curriculum, and minimal clinical experience. Some programs added a summer session for clinical practice. Other programs proposed internships to compensate for time-limited clinical experience, and some added content directed at more advanced skills, such as leadership training and intensive care experience.

Lysaught (1981) called on the National League for Nursing (NLN) and the ANA to use the leadership that they claim to possess to resolve the conflict over entry into practice. He pointed out that the NLN, accrediting body for all registered nursing programs, has assumed no forceful leadership in the development of a collegiate system of nursing education, and has maintained that there should remain three preparatory routes to the registered nurse licensure. He further stated that no organization should have better data on the results of such a policy, but that income from membership and

accreditation fees is perhaps more significant to the League than thousands of personal problems. The implication of that supposition was that the NLN would probably lose income if some nursing programs were eliminated.

Professional and technical nurses

A second issue closely related to entry level is that of differentiation between professional and technical nurses. Kinsinger (1980) stated that the term "bedside nurse" implied certain limitations of activity that differentiate the role of that nurse from the role of a nurse with a broader professional background. Koch (1980) stated that the central issue of the ADN controversy was that of role definition and role identity. He observed that it has been traditionally difficult to define the role of nursing. Thus, the qualifiers for "professional" and "technical" are generally obscure.

In an attempt to clarify "technical", DeChow (1980) defined six parameters for ADN practice. Of particular importance to the technical aspect is the recognition that interventions characterizing the ADN level are those commonly performed by RNs working with patients who have been given a diagnosis and are under the care of a system geared toward physiologic needs. ADNs are prepared to care for patients with common, recurring problems who have been admitted to a health care system. They are prepared to operate in a middle management role, focusing on patient care, not staff development, and to direct work of those with lesser preparation, such as LPNs and nurses' aides.

To deal with the dilemma of professional vs. technical nursing, some authors have suggested different credentialling. Channing (1979) proposed that LPN programs are too short. She suggested ADN entry level as registered,

BSN level as licensed, and master of science in nursing (MSN) as certified in an advanced level. However, Dolan (1978) pointed out that the entire argument about the professional and technical levels of nursing turned on assertions that had no actual basis in research findings or hard data.

Fabayo (1980) discussed the conflict from a different perspective. She stated that problems inherent in AD nursing stem not from the community college movement, but from nursing itself. She pointed out that nursing cannot claim professionalism when 75% of its members hold less than BSN degrees.

Developing competency statements

To clarify expected behaviors of ADN graduates, the development of competency statements has been raised as an issue. Specifying the competencies that ADN graduates should have acquired during their schooling has been reported by several authors. Peterson (1978) wrote that in 1977 the Council of Associate Degree Nursing Programs met in St. Louis to develop basic competencies of the beginning AD nurse. She contrasted curriculum statements, developed from a model of behavioral objectives as traditionally used in educational settings with competency statements, which are derived from validated descriptions of performance in the real world of nursing practice. At the meetings, it was decided to blend the best of the traditional model with a new perspective of competencies to define a top quality graduate. The key difference between the traditional model and the competency model, according to findings from the meeting, is that even though the traditional model gets close to practice when it suggests that subject matter specialists are consulted to get ideas for objectives, it

does not observe expert practitioners in various settings to learn that competencies are needed in that role. DeChow (1980) referred to Peterson's report of the Council findings and suggested that states whose competencies have been well developed be consultants for those needing competency statements.

Other projects to develop competencies for ADN nursing have been described. Lysaught (1981) stated that the W.K. Kellogg Foundation supported the Southern Regional Educational Board, who, through its Nursing Curriculum Project in 1976, developed a series of competency statements for graduates of ADN, BSN, and diploma programs. Conclusions of that project were that secondary care provides the core of teaching for ADNs. BSN programs include that same secondary care knowledge, but add primary and tertiary care to complete their core requirements. On the political side, Dorr (1981) suggested that administrators of ADN programs support documents and actions to develop statewide competencies for ADN programs for employers and educators to use as reference points regarding expected performance levels of graduates from ADN programs. Such competency statements are reviewed when programs are being considered for accreditation.

Expectations by hospital administrators

Closely linked to the competencies that ADN graduates should possess are the expectations that hospital administrators hold for those graduates. In 1967, Ginsberg stated that there is a lack of resolution of relationship between varigated educational structure and varigated utilization patterns in nursing. More recently, Felton (1981) pointed out that hospital administrators fail to recognize the different levels of nursing graduates and

expect them to function all on the same level. Kinsinger (1980) made a similar observation that educators of AD nurses have said that technical nurses are not prepared for teaching or management, but are ignored. The NLN Report of 1980 notes that RN licensure is a state legal requirement, and it does not specify education origin.

Wagner (1980), in describing nursing administrators' assessment of nursing education, stated that recent graduates of both ADN and BSN programs do not have enough clinical experience, either total or around the clock. They are not prepared for the realities of the work setting, are unable to set priorities, make judgments, adapt to a work system, or to accept limitations that weekends and shift rotations impose on their personal lives. It was unclear if she were blaming nursing education or the students for that outcome.

Goldstein (1980) presented a different impression of the problem. In a study that compared graduating associate degree and baccalaureate nursing students, she stated that employing institutions give no recognition to the differences in educational backgrounds, making assignments exclusively on the grounds of immediate staffing needs. That finding is similar to one by a North Carolina Area Health Education Nurse Manpower Study. Respondents were asked to provide data on vacancies for RNs in North Carolina by type of educational preparation. Most institutions did not differentiate in that way and reported vacancies for "any RN".

Leadership training is not included in many ADN programs because that is not a defined purpose of the programs. Goldstein (1980) found that the BSN and ADN programs were fulfilling their defined functions: the prepara-

tion of practitioners of nursing for specifically recommended roles. In support of that, she found that ADN graduating seniors scored significantly lower than BSN graduating seniors on factors related to leadership. Goldstein proposed that the ADN student is not trained for leadership and suggested leadership preparation through staff development classes in the employing institutions. DeChow (1980) suggested that ADN graduates can add courses on primary care and psychosocial or tertiary care after graduation.

Transfer/articulation

This issue regarding ADN graduates transferring to higher divisions of education is limited to literature on nursing education, and is not discussed in general nursing articles. Thus it would appear that those in other areas of nursing are not concerned with, or not aware of, this problem. Lysaught (1981) stated that at the present time, articulation between lower and upper division nursing programs is left to chance because time and money involved in joint planning are limited even when institutions are geographically close; differences exist between institutional policies; and some baccalaureate faculty may regard AD nurses as technicians and not motivated toward professionalism. In institutions where adequate funding is available for planning for articulation, where policies in both programs clearly state a plan for articulation, and where AD nurses areperceived by baccalaureate faculty as being motivated to professionalism, then the chances are greater that articulation between upper and lower division nursing programs will occur.

Lysaught also stated that because of the generic structure of most BSN programs, i.e., two years of arts and sciences and then two years of nursing education, there is a discomforting lack of fit between curricular expecta-

tions and the experiential background that RNs from hospital and ADN programs present upon request for admission to BSN programs. Any learning experience gained from working as nurses that RNs present in hope of receiving credit usually does not receive recognition by the decision-makers in the baccalaureate programs. Required courses must be taken whether or not that course material is a duplication of what those RNs have already performed in their hospital work.

Similar problems with receiving credit for previous work were discussed by the NLN (1980). They reported that the amount of transferable credits are determined by the senior universities and that there is no nationwide guideline for that determination. Torres and Stanton (1982) pointed out that transfer students are viewed as requiring a greater degree of assessment than native students, especially during the initial phases of the program, even though all are expected to have the same potential to meet the requirements for the degree. They felt that transfer students should be allowed to take examinations for credit only after prerequisites are taken and mastered as indicated by the examination. Torres and Stanton also stated that unless the institution permits transfer of credit for lower division classwork, it is inappropriate for nursing programs to transfer ADN level courses as equivalent to baccalaureate level nursing courses. Rationale for that somewhat rigid suggestion was not given. A paradox seems to exist between strongly encouraging ADNs to continue in a BSN program, but then failing to facilitate that transfer.

DeChow (1980) noted that community colleges have a higher percentage of nursing students transferring to senior institutions than to technical

institutes. Nash (1981) reasoned that the choice of schools was limited for many of these choosing ADN programs due to financial reasons. Davidson and Knoph (1980) described findings of a longitudinal study conducted by the NLN in regard to AD nurses who finish BSN programs. Of those who graduated from all ADN programs in 1962, 16% had received a BSN degree by 1972.

Preceptor/student ratio

Supervision during the education of student nurses is crucial to facilitate their learning and also to insure the safety of patients. Thus, inclusion of this issue was based on a recent controversey in North Carolina. Johnson (1981) and Flagg (1981) reported that the State Board of Nursing recommended a one/eight clinical preceptor/student ratio rather than the existing one/ten ratio. Community college officials stated that implementation of this recommendation would require hiring additional faculty and would cost more than was budgeted. Furthermore, they contended that the current ratio was sufficient based on the fact that ADNs received higher scores on the state board examinations than did the BSNs, whose programs had a one/eight preceptor/student ratio. Subsequently the officials have proposed legislation which would move control of ADN programs in the state to the State Board of Community Colleges rather than the State Board of Nursing.

Thus, this issue focuses on what agency controls the preceptor/student ratio, state boards or institutional programs. DeChow (1980), describing her view of the function of state boards of nursing, states that originally she felt the education of nurses should be determined by individual nursing programs and not by boards of nursing. She changed her view, however, when she realized that some faculty were being required to teach with "unsafe" ratios. She now maintains that this situation needs regulation by the boards.

Clinical sites

The availability of clinical areas to practice nursing skills is necessary for the education of all nursing students. Any reference in the literature to availability of clinical sites was not directed specifically to the ADN programs. Milio (1975) stated that there is increasing competition for clinical sites since the advent of Medicare and Medicaid. Prior to those programs, clarity cases, used for teaching in return for free medical care, were much more available. In addition, the numbers of health care students are increasing. Other than that general reference, inclusion of clinical sites as an issue was based on verbally expressed concerns by previous contacts with clinical instructors and students.

## Methods

The review of the literature reveals a number of issues, each receiving varying degrees of coverage. To compare and contrast those reports with perceptions of those most directly involved with ADN nursing, a sample of ADN director/coordinators, faculty, and students was asked to rank-order the seven issues and then to discuss them, using an open-ended interview schedule as suggested by Polit and Hungler (1978). (See Appendix.)

The directors of three ADN programs in North Carolina two year colleges were contacted and asked to participate in the exploratory study. Each director was requested to contact all faculty members and students about the study and to obtain one faculty member and three students from each program on a volunteer basis. As is obvious, this is a sample of convenience; thus, results should not be interpreted as representative of the schools. The participants included the three program director/coordinators and three

faculty members, all female, white, and ranging in age from mid-20s to early 40s. The student volunteers included one male and 10 females, all white, and ranging in age from late teens to early 50s. The directors represented 100% of their population while faculty and students consisted of approximately 20% of the total faculty and student populations of each school.

The procedure was to have participants rank order the seven issues and then to state any perceptions they had of the seven issues. In addition, all were asked to identify any other issues they felt should be included.

Results of the rank-ordering were compared individually by groups, using mean and median measures of central tendency. They were then listed according to overall mean ranking by the combination of the three groups (Table 1). Similar rank-ordering has been reported by DeChow (1980) and Lysaught (1981) when they were eliciting perceptions of problems in nursing education.

## Findings and Discussion

Table 1 depicts the ranking of issues based on overall means. Due to the small numbers, medians were included to offset the influence of extreme responses. Note that overall, there were no extremes, that is, no final rankings of one or seven and that the three groups were close in their rankings. A number of the participants gave recognition to certain issues as being important to ADN nursing in general, but went on to state that, from their perspectives, other items were of greater importance to them personally. To facilitate the presentation of findings, each of the seven issues will include highlights of interviews with the three groups.

Tranfer/articulation

The directors ranked this issue higher than faculty and students, but it was of major importance to all groups. They all expressed concerns similar to those reported in the literature, namely, receiving credit for their education at senior institutions. All of the students, with the exception of the one in the 50s, indicated plans to work toward their BSN degrees at some future time. There was concern about the inequities of acceptance by the BSN programs across the state. The students named specific upper division schools, and stated that some of those schools gave total credit for ADN courses while other schools granted no credit for the identical courses. There was also concern about reciprocity to other states with hope that no legislation would be enacted to curtail recognition of their credentials in other states.

Competency statements

Ranked closely to transfer in importance, competency statement development was widely discussed. According to the three directors, each program had a different origin for the competencies that they were using. One program had developed its own statements, one used those suggested by the NLN, and one planned to revise current ones based on statements being developed by the state's Department of Community Colleges since 1974.

The fact that efforts to construct the statements had been continuous for an eight year period exemplifies the complexity of competency statement development. One director presented as an example competency statements developed by a local hospital for all beginning RNs. They were extensive and very complex. As far as could be determined, all of the competency state-

ments of the programs were criteria-based, and not derived from observing a specialist in the field, as had been suggested by Channing. Several directors and faculty saw the development of competency statements as a way to have equality in transfer of credits. If a standardized set for ADN programs could be formulated with input from BSN programs, then a true ladder could be developed.

Availability of clinical sites

As had been anticipated, this issue was of greater practical concern than coverage in the literature might indicate. Note that the directors differed to a greater than on the other issues, i.e., rankings taken from the raw data of one, four, and seven. Those listing four and seven had large hospitals who relied on the ADN programs to staff those hospitals after graduation. The ranking of one was given by a director who, although there were several small hospitals nearby, had to compete with several baccalaureate programs in the area.

Note also the median for student response compared to those of directors and faculty. Driving for long distances and having to accommodate night and weekend hours had been a concern to the students from all programs. Such issues that directly effect the students have more impact than 20 year plans for entry into practice. Of interest is the fact that, faculty members, who spend the same time in the clinical setting as the students, gave the lowest ranking of the three groups for that issue. Their response was that it could be worse.

Expectations held by hospital administrators

Double binds were abundant in discussions of this issue. As in the literature, local hospital administrators were desirous that new graduates have ample clinical experience. However, when the three programs applied for accreditation by the NLN, the programs offering the greatest number of clinical hours were criticized for being "an LPN, not an ADN program." Emphasis on class time was required for accreditation.

The students stated that they had selected the ADN programs for their emphasis on clinical and technical skills. They felt that they could get what they needed academically from reading their texts, but that there was no substitute for the time spent caring for patients in the clinical setting. They felt expectations of them in a work setting would center around technical skills.

The lines became blurred as to the purpose of the programs and student expectations. Some expressed a desire for more time spent in intensive care (tertiary) settings. They realized that pediatrics and obstetrics were two of the five components of the state board examination, but desired less information and clinical practice in those areas. They also were aware that the ADN programs were centered around caring for secondary care conditions, not primary nor tertiary ones. Yet they anticipated that job openings would be in the intensive care areas. Several stated an intent to participate in a pathways/medical intensive care program after graduation.

The conflict over incorporating leadership courses in the curriculum was expressed by directors and faculty. As was described in the literature and emphasized in the three ADN program descriptions, the ADN-prepared nurse functions in middle management, with team leading being the

highest level of leadership. Nevertheless, when one of the programs did not list a separate leadership course, as it had in the past, the local hospital administration questioned the deletion. Another hospital offered a staff development leadership training course for advancement, as the literature suggests be done. However, that was felt by the director to be an exception compared to other area hospitals. Most of the students stated that they were not presently interested in leadership roles; those roles were seen as 'paperwork, not patient care." Some qualified that by stating they would take a leadership training course if they became interested in leadership at a later time.

One faculty member pointed out the discrepancy between encouragement given to personal advancement in regard to promotion. Her observation had been that in several local hospitals, promotions in nursing administration had been given to individuals who had only diplomas from hospital schools of nursing over individuals who had worked toward their BSN or masters degree in nursing (MSN). She recognized that experience was an important preparation for a management position, but emphasis on that quality did little to motivate others to pursue higher levels of education.

Another faculty member stated that internships would benefit both new graduates and the employing institutions to compensate for the limited clinical experience of nursing students. Such an offering would likely aid in overcoming the difficulties experienced by new nursing graduates, as was previously described by Wagner. Werner (1980) suggested such an approach as a way to bring nursing service and nursing education together.

Preceptor/student ratio

Directors, faculty, and students were comfortable with the present 1:10 ratio for clinical experience. For the most part, the ratios were lower than that because of the hospital setting: few units can accommodate more than eight students at one time. Directors and faculty stated that ideally, the lower the ratio, the better. Students placed a greater importance on the issue as indicated by their mean and median ratings of three for both. The three programs had taken an active role in petitioning to keep their programs under the State Board of Nursing, and were satisfied with the outcome of combined efforts of the ADN programs in the state on the matter.

Entry into practice

The lower ranking of this issue compared to others of more immediate concern differed from the emphasis the issue received in recent nursing literature. The opinion of the three groups was that the 1965 ANA Resolution of having a BSN entry level to nursing by 1985 has little likelihood of implementation. They qualified their statements by saying that they were aware of the current debate, but from their perspectives, the importance of the issue is not as great as others. The students planned to enroll in BSN programs, but needed the income from positions obtained at the ADN entry level to finance that advanced schooling.

Professional and technical nurses

This area received the lowest ranking in importance of the seven issues. One director pointed out that their program avoided differentiating between the terms. Several faculty members advocated different

licensures for the two levels as had been suggested by Channing. One director questioned the impact of the label "technical." She pointed out that in European countries, the term has wide acceptance, but conveys status in the United States. Students considered themselves professional in their behavior, and did not consider that a degree influenced that. The fact that other professional schools have the baccalaureate degree as entry level was discussed, and the point was made that nursing had to be realistic in entrance requirements, given the number of nurses needed for patient care compared to other health professions.

Suggested additional issues

In response to the question, "What other issues important to AD nursing would you add?", most participants found the seven to be the major issues. One director stated that those issues were discussed in their "Trends in Nursing" class. Items such as institutional credentialing by certification, differential funding for the more expensive two-year college programs such as the ADN program, and burnout/cultural shock for ADN graduates were suggested as important additional issues.

## Implications and Conclusions

The interviews with program coordinators, faculty, and students were beneficial in comparing a number of the issues, and in having perceptions of these issues reported by those in the field. The suggestions that standardized competencies could be useful to the employing agencies as well as to the BSN programs for use as evidence for granting credit were practical. Granting credit on that basis might facilitate the persuit of BSN preparation by ADN graduates. Standardized competencies

are difficult to develop, but such standardization is necessary if progress is to be made. Because the BSN preparation is highly recommended by those wanting to professionalize nursing, efforts might be increased to standardize competencies and decreased in the debate on entry levels and professional vs technical nursing.

Hospital administrators might consider the concerns expressed by the interviewees regarding the administrators' expectations that all new graduates of nursing programs possess the same competencies without giving recognition to their different educational backgrounds. Internships, staff development courses on leadership and teaching, and giving recognition for pursuit of advanced education may benefit the institutions, the employees, and ultimately the patient.

## Limitations and Recommendations for Future Study

This study was a means of exploring the perceptions of ADN educators and students. The small numbers and concentrated geographical distribution limit generalizability. Random sampling, inclusion of minorities, and clarification of mutually exclusive numbers used in the rank-ordering would be necessary in any future study. Eliciting perceptions of how to deal with the issues would increase the utility of such a study.

Flynn and Miller (1980) have suggested that the differences in values between the various nursing programs must be faced without feeling that the differences must be reconciled and the groups homogenized. There can be an agreement to differ and to make the most of what each has to offer.

Davidson and Knoph (1980) stated that ADNs are a reliable supply of hospital nurses, and Johnson and Vaughn (1980), in summarizing the

NLN Career Pattern Study, found that many of the ADN graduates were motivated, academically, able, well-organized, and upwardly mobile. Montag (1980) reminds those in nursing that it is an advantage to have two kinds of nursing, and by eliminating ambiguity in the two programs, assurance can be made that ADNs will not be misused. All nurses might concentrate on what is best for nursing, and prepare ADNs in that way.

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Table 1

Rank-ordering of Issues by Importance to Associate Degree Nursing as Perceived by Director/Coordinators, Faculty, and Students (n = 17)

| Issues | Overall Mean Response | Mean Response by Group | | Median Response by Group |
|---|---|---|---|---|
| Transfer/ Articulation | 2.83 | D | 2.0 | 2 |
| | | F | 3.3 | 3 |
| | | S | 3.2 | 3 |
| Competency Statements | 3.03 | D | 3.0 | 2 |
| | | F | 2.6 | 2 |
| | | S | 3.5 | 3 |
| Availability of Clinical Sites | 3.83 | D | 4.0 | 4 |
| | | F | 4.3 | 5 |
| | | S | 3.2 | 2 |
| Expectations by Hospital Administrators | 3.90 | D | 4.0 | 4 |
| | | F | 4.0 | 5 |
| | | S | 3.7 | 4 |
| Preceptor/ Student Ratio | 4.33 | D | 5.7 | 6 |
| | | F | 4.3 | 4 |
| | | S | 3.0 | 3 |
| Entry Into Practice | 4.40 | D | 4.0 | 5 |
| | | F | 4.3 | 5 |
| | | S | 4.9 | 6 |
| Professional and Technical Nurses | 5.16 | D | 5.3 | 6 |
| | | F | 5.3 | 7 |
| | | S | 4.9 | 6 |

Key: 1 = most important
7 = least important

D = Director/coordinator Group (n = 3)
F = Faculty Group (n = 3)
S = Student Group (n = 11)

APPENDIX

Please rank order the importance of each of the following issues to associate degree nursing from your perspective. No duplicates
1 = most important
7 = least important
Add any comments under each item, and continue on back if desired.

_____ Transfer/articulation from community/technical college to four year programs

_____ Entry into practice: ANA's proposal to have BSN as entry level by 1985

_____ Development of competency statements which should indicate the ability to provide satisfactory nursing care

_____ Expectations held by hospital administrators for new ADN graduates

_____ Proposed labeling of ADN graduates as "technical" nurses and BSN graduates as "professional" nurses

_____ Availability of clinical sites

_____ Preceptor/student ratio

Please indicate your status:

_____ Student _____ Faculty _____ Director